



REQUEST FOR INTERNET ACCESS

INSTRUCTIONS: This request must be approved by the Unit Head and either mailed to the PSS IT Director at PO Box 66614, Baton Rouge, LA 70896, or faxed to (225) 925-4019. **PLEASE TYPE OR PRINT.**

Name of Employee Requesting Access:

Unit or Office:

Detailed Justification:

Type of Access:

Type of Access (must check one):

Very Restrictive ☐

Less Restrictive ☐

By my signature below, I certify that the employee named above requires the Internet access requested herein in the performance of official work, and that the employee has read and agrees to comply with the provisions of Youth Services Policy No. A.5.6.

Approved by: _____
Unit Head Signature

Date: _____